

CAMPER NAME (Please Print) _____ Phone Number _____

Home Street Address _____ City _____ ST _____ ZIP _____

Age _____ DOB _____ 2009-10 Grade _____ School _____

Email _____

Primary Position

Catcher _____ 1st Base _____ 3rd Base _____ Pitcher _____ (If secondary position is pitcher, you may be evaluated in bullpen but will not throw in the game)
 Outfield _____ 2nd Base _____ Shortstop _____

Amount Enclosed

Skills Camp - \$65 _____ Pitching Clinic - \$40 _____ CHARGE CARD # _____ Exp. Date _____

OFFICE USE ONLY: Date Paid _____ Cash / Ch# _____ Initials _____

Thank you for making your check payable to: VSU FOUNDATION

Please return: 1) Camp Registration/Medical Form and
 2) Payment to ... Valdosta State University
 Softball Office
 1500 N. Patterson St.
 Valdosta, GA 31698

MEDICAL INFORMATION AND WAIVER OF LIABILITY

Does camper have allergies or medical conditions? No _____ Yes _____ If Yes, Please List: _____

Is camper currently on medications? No _____ Yes _____ If Yes, Please List: _____

Does camper have loss of a paired organ? No _____ Yes _____ If Yes, Please List: _____

If you have a "YES" answer to any of the above, you must include a physician's permission to participate. PLEASE USE BACK FOR ADDITIONAL INFORMATION.

IN CASE OF EMERGENCY – Please list phone numbers in order of preference; check phone type.

PRIMARY CONTACT Relationship _____ Cell _____ Work _____ Home _____

SECONDARY CONTACT Relationship _____ Cell _____ Work _____ Home _____

Medical Insurance Company Name _____ Policy Holder Name _____ Policy Number _____

Any instructions regarding your insurance: _____

I/We, the undersigned, hereby certify that I/we am/are the parent/legal guardian of the camper. I hereby give permission for the staff of the Camp to seek, during the period of Camp, appropriate medical attention for the camper and for medical attention to be given and for the camper to receive medical attention in the event of an accident, injury or illness. I will be responsible for any and all costs of medical attention and treatment.

I/We, the undersigned, for ourselves and/or as guardians of _____ (camper name) understand that baseball is an active, physical sport and that injuries can take place during play. I/We also understand that there will be a number of children attending camp, there will be a limited number of coaches and/or counselors, and my/our child cannot receive individualized attention and supervision all of the time. I/We understand that, as with any sport, injuries can occur, and we hereby acknowledge that my/our child is physically fit and mentally capable of participating in these camp activities. I/We also understand that it is my/our responsibility in caring for the camper listed above, to be assured that he/she is fully capable of engaging in this sport's activity, and I/we are confident that he/she is able to engage in such sport.

For the sole consideration of my child's participation in the Camp as outlined, above I agree to indemnify and hold harmless Valdosta State University and the Board of Regents of the University System of Georgia their members individually and their officers, agents, and employees (current and former) from any and all claims, demands, claims for attorney's fees whatever kind or nature which might be asserted against them, rights and causes of actions of whatever kind, by or on behalf of myself, my heirs, assigns, attorneys in fact, attorneys at law, personal representatives, dependents, or otherwise, arising from my Child's participation in connection with his/her activities at and through Valdosta State University.

I hereby certify that I am eighteen (18) years of age or older, suffering under no legal disabilities, that I have read the foregoing document carefully and hereby sign this agreement voluntarily and of my own free will.

Parent/Guardian SIGNATURE (required) _____ PRINT Parent/Guardian Name _____ Date _____